

Application Form for the Miami-Dade County

EMERGENCY RENTAL ASSISTANCE PROGRAM 2.4

The Emergency Rental Assistance Program 2.4 (ERAP 2.4) provides emergency rental assistance, and possible utility and other housing stabilization assistance to Miami-Dade County households experiencing financial hardship as a result of the COVID-19 crisis.

We anticipate the need for assistance will be greater than the funds available. Because of this, we have developed an application process that will ensure that all applications will be treated fairly. If you have picked-up and completed a paper application, you must drop off the completed application at one of two (2) site locations that are identified in the Frequently Asked Questions (FAQs). Applications can be picked up from 9:00 a.m. to 5:00 p.m. Monday through Friday, **starting on October 1, 2021**, except holidays.

There is also an on-line application process. It is highly recommended that applicants apply on-line rather than use this paper application. Possible problems with paper include the application getting lost, or the applicant being disqualified due to handwriting that cannot be read. The on-line process will begin at 9:00 a.m. on **October 1, 2021**.

Applications will be reviewed on a first come, first serve basis.

During the same period landlords can and are encouraged to refer cases by contacting LandlordsERAP@miamidade.gov or, calling at 786-688-2440. Once received, landlord and tenant will be contacted on next steps.

Amount of Rental Assistance

The amount of rental assistance you receive will depend on the amount of unpaid rent. The Rental assistance will be based on the lesser of the monthly lease rent or up to \$3,000 per month.

Eligible households may receive up to eighteen (18) months of assistance.

Eligibility Requirements

To be eligible to participate in ERAP 2.4 applicants must meet the following conditions:

- Your place of residence must be in Miami-Dade County. Residents that reside in the City of Hialeah must apply directly with the City of Hialeah for rental assistance. The City of Hialeah has received separate funding from the U.S. Government for the rental assistance program.
- You are unable to pay your full rent or other housing costs, as a result of a financial hardship during or caused by COVID-19.
- Your current annual household income must not exceed 140% of annual Area Median Income (AMI) for Miami-Dade County at the time of application, with preference given to those earning less than 50% of annual AMI. These are requirements set by the federal government under the Consolidated Appropriations Act for Federal Fiscal Year 2021 and American Rescue Plan Act adopted in March 2021.

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2022 Income Limit Categories

Persons in Household	1	2	3	4	5	6	7	8
Annual Income at 140% AMI	\$95,620	\$109,200	\$122,920	\$136,500	\$147,420	\$158,340	\$169,260	\$180,180
Annual Income at 80% AMI	\$54,600	\$62,400	\$70,200	\$78,000	\$84,250	\$90,500	\$96,750	\$103,000
Annual Income at 50% AMI	\$34,150	\$39,000	\$43,900	\$48,750	\$52,650	\$56,550	\$60,450	\$64,350

- You must certify that you do not receive government assistance that pays for ALL of your rent. (Examples: Housing Choice Voucher program (Section 8), VASH, FUP, Mainstream, Project-based Section 8, HOME-TBRA, Continuum of Care, Public Housing).
- An eligible household that occupies a federally subsidized residential or mixed-use property or receives federal rental assistance may receive assistance provided that funds are not applied to costs that have been or will be reimbursed under any other federal assistance.
- If you participate in a HUD-assisted rental program or live in certain federally assisted properties (e.g., using a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and the tenant rent is adjusted according to changes in income, your household may receive assistance for the tenant-owed portion of rent or utilities that is not subsidized.
- If you or an immediate family member (spouse, domestic partner, parents, stepparents, children, stepchildren) are currently employed by Miami-Dade County, or are an appointed or elected County Official, you are required to submit a request for an opinion to the Miami-Dade County Ethics Commission about your participation on this program.

Tenant Documents: You will be contacted by a case manager and advised on how and what to submit for documentation:

- Proof of being financially impacted during or by COVID-19 (e.g., layoff letter, unemployment claim, etc.)
- Your current lease or pages of current lease showing address of home, amount of lease rent, term of lease or if your lease is on a month-to-month basis, and signature of you and landlord.
- Identification for all household members (e.g., driver's license, passport, birth certificate utility bill, credit card bill, bank statement, etc. School enrollment records are acceptable for minors.

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- Proof of current income for all household members (e.g., recent pay stubs, layoff letter, unemployment benefits letter, etc.)
- If applicable, supporting information for additional months of assistance (landlord ledger showing amount of rent currently owed, rent statement, or rent due notice showing the balance of rent owed, etc.)
- A form (affidavit) that the county will provide must be signed by all adult household members certifying that the information in the application is true to the best of your knowledge and that the request for assistance is not a duplication of assistance. The affidavit also serves as an authorization to release information, obtain information, and places you on notice that except for personal information parts of the application are subject to the State of Florida public records disclosure laws.
- An ethics disclosure attesting if you or an immediate family member are currently employed by Miami-Dade County or are an appointed or elected County Official.
- If you have difficulty obtaining information, staff will assist you in finding alternative ways to meet program requirements.

Owner/Landlord Documentation: Your owner/landlord will be contacted by a case manager on how to submit this documentation

- Owner W9 form
- An agreement that the County will provide to the landlords accepting rental assistance containing certain program conditions.
- An ethics disclosure attesting if the landlord or an immediate family member of the landlord are currently employed by Miami-Dade County or are an appointed or elected County Official.

You and your landlord will be contacted by email or phone if you have been selected for rental assistance under ERAP 2.4. The assistance from ERAP 2.4 will be mailed directly to your landlord, if the landlord agrees to participate in the program.

Miami-Dade County will seek to prosecute you to the fullest extent of the law and take other actions to recover funds should you misrepresent any information on your application, knowingly accept funds for which you are not entitled, or otherwise attempt to defraud or abuse ERAP 2.4.

Public Housing & Community Development – Miami-Dade County does not discriminate based on race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in, housing programs or activities.

If your landlord does not agree to participate, another option will be explored.

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(Please print clearly and legibly on each page)

First Name: _____

Middle Name: _____

Last name: _____

Gender (Optional): _____ Female _____ Male

Social Security Number (Optional): _____

Birth Date: _____

Race (Optional): _____

Ethnicity (Optional): _____

Phone Number: _____

E-mail address: _____

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Please complete the following questions

(Please print clearly and legibly on each page)

How many family members (NOT including yourself) will be on this application?
(Please check one)

___ 0 family members ___ 1 family member ___ 2 family members

___ 3 family members ___ 4 family members ___ 5 family members

___ 6 family members

Street Address: _____

Suite/Apartment: _____

City: _____

State: _____

Zip Code: _____

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Household Information: Include all household members (Please print clearly and legibly on each page)							
Member	Full Name	Gender (optional)	Relationship to Head	Social Security Number (optional)	Date of Birth	Race (Optional)	Ethnicity (Optional)
1	HEAD						
2							
3							
4							
5							
6							
7							
8							

Relation Codes:

H = head
 S = spouse
 K = co-head
 F = foster child/foster Adult
 Y = other youth under 18
 E = full-time student 18+
 L = live-in aide
 A = other adult

Race codes:

1 = White
 2 = Black/African American
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

Ethnicity codes:

1 = Hispanic or Latino
 2 = Not Hispanic or Latino

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Income and Asset Information (Please print clearly and legibly on each page)				
Member	Full Name	Type of Income or Asset	Source of Income (Who do you receive it from?)	Amount of Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

Income Codes:

Wages

B = Own business
 F = Federal wages
 HA = PHA wage
 M = Military pay
 W = Wages

SS/SSI/Pension

P = Pension
 S = SSI
 SS = Social Security

Welfare Assistance

TANF = Temp. assistance for needy families
 GA = General assistance

Other Income Sources:

C = Child support
 E = Medical reimbursement
 I = Indian trust/per capita
 N = Nonwage sources
 U = Unemployment benefits
 O = Other

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Landlord Information (Please print clearly and legibly on each page)

The following questions pertain to your landlord. This information is necessary as the emergency rental assistance payment will be made directly to your landlord to be applied to your account if the landlord agrees to participate. (If your landlord does not agree to participate, another option will be discussed with you). As the applicant, you will need to contact your landlord.

What is your landlord's name? _____

What is your landlord's phone number? _____

What is your landlord's email address?

What is your landlord's street address?

What amount is your current monthly rent? _____

What is the amount of your past due rent? _____

Is anyone in your household unemployed? ____Yes ____No

If yes, the date unemployment began? _____

Have you been served with a court issued Summons for Eviction?
____Yes ____No

Have you received a court issued Writ of Possession for the property that you currently rent? ____Yes ____No

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Are you or an immediate family member (spouse, domestic partner, parents, stepparents, children, stepchildren) currently an employee of Miami-Dade County, or an appointed or elected County Official? Yes _____ No _____

Are you seeking relocation assistance because you have been displaced due to an eviction or unhealthy or unsafe living conditions? _____ Yes _____ No _____

Are you seeking assistance with paying past due or reconnection of one the following utility services: Electric, Gas, Water/Sewer, Trash or Internet? _____
_____ Yes _____ No _____

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Program Certification Questions

Please complete the following questions

I certify that I have a current rental lease within the boundaries of Miami-Dade County

☐ Yes ☐ No

I certify that I am not able to pay my full rent due to a reduction in income resulting from my employer or source of income reducing my work hours, laying off staff, making a reduction in the business's workforce, or other actions during or due to COVID-19.

☐ Yes ☐ No

I certify that I currently DO NOT receive government assistance that pays for all of my rent. (Examples: Housing Choice Voucher program (Section 8), VASH, FUP, Mainstream, Project-based Section 8, HOME-TBRA, Continuum of Care, Public Housing).

☐ Yes ☐ No

I understand that I am applying for Emergency Rental Assistance from Miami-Dade County. I certify to Miami-Dade County that I am qualified to receive Emergency Rental Assistance Program 2.4 (ERAP 2.4) funds and I understand the guidelines for the program. I further understand that Miami-Dade County will seek to prosecute me to the fullest extent of the law and take other actions to recover all funds and penalties should I misrepresent any information on my application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse the ERAP 2.4 program.

☐ Yes ☐ No

I understand that I must provide to the extent feasible, all verification documents if contacted by the caseworker for the application to be considered for assistance.

☐ Yes ☐ No